

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Application

101589390

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2					2		52						
3						3	53						
4						4	54						
5						5	55						
6						6	56						
7						7	57						
8						8	58						
9						9	59						
10						10	60						
11						11	61						
12						12	62						
13						13	63						
14						14	64						
15						15	65						
16						16	66						
17						17	67						
18						18	68						
19						19	69						
20						20	70						
21						21	71						
22						22	72						
23						23	73						
24						24	74						
25						25	75						
26						26	76						
27						27	77						
28						28	78						
29						29	79						
30						30	80						
31						31	81						
32						32	82						
33						33	83						
34						34	84						
35						35	85						
36						36	86						
37						37	87						
38						38	88						
39						39	89						
40						40	90						
41						41	91						
42						42	92						
43						43	93						
44						44	94						
45						45	95						
46						46	96						
47						47	97						
48						48	98						
49						49	99						
50						50	100						
TOTAL IND.			4			4							
TOTAL DEP.			30			30							
TOTAL CLAIMS			34			34							